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Form Approved OMB No 2000-0404 Expires 7-31-86

UNIFORM HAZARDOUS WASTE MANIFEST		21. Generator's US EPA ID No WAD012302667		Manifest Document No 000005 TP		2. Page 1 of 1		Information in the shaded areas is not required by Federal law					
3. Generator's Name and Mailing Address Sundstrand Data Control Building 2114, Grant County Airport, Moses Lake, WA 98837						A. State Manifest Document Number							
4. Generator's Phone (509) 762-5561						B. State Generator's ID WAD012302667							
5. Transporter 1 Company Name Northwest EnviroService			6. US EPA ID Number WAD058367152			C. State Transporter's ID WAD058367152							
7. Transporter 2 Company Name			8. US EPA ID Number			D. Transporter's Phone (206) 622-1090							
9. Designated Facility Name and Site Address Northwest EnviroService 1500 Airport Way South Seattle, WA						E. State Transporter's ID							
						F. Transporter's Phone							
10. US EPA ID Number WAD058367152						G. State Facility's ID WAD058367152							
						H. Facility's Phone (206) 622-1090							
11. US DOT Description (Including Proper Shipping Name, Hazard Class and ID Number)						12. Containers		13. Total Quantity		14. Unit Wt/Vol		15. Waste No.	
a. Waste Flammable Liquid, NOS Acetone, 2-Butanone, Isopropanol, Toluene Flammable Liquid UN 1993						No. 1 Type DM		55		G		F003 F005 D001	
b.													
c.													
d.													
J. Additional Descriptions for Materials Listed Above						K. Handling Codes for Wastes Listed Above S01C, T38, T40, T44							
15. Special Handling Instructions and Additional Information													
16. GENERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and national government regulations. Unless I am a small quantity generator who has been exempted by statute or regulation from the duty to make a waste minimization certification under Section 3002(b) of RCRA, I also certify that I have a program in place to reduce the volume and toxicity of waste generated to the degree I have determined to be economically practicable and I have selected the method of treatment, storage, or disposal currently available to me which minimizes the present and future threat to human health and the environment.													
Printed/Typed Name Tom Porter						Signature <i>[Signature]</i>				Month Day Year 12/2/86			
17. Transporter 1 Acknowledgement of Receipt of Materials													
Printed/Typed Name Keith Mahaney						Signature <i>[Signature]</i>				Month Day Year 12/2/86			
18. Transporter 2 Acknowledgement of Receipt of Materials													
Printed/Typed Name						Signature				Month Day Year			
19. Discrepancy Indication Space													
20. Facility Owner or Operator: Certification of receipt of hazardous materials covered by this manifest except as noted in Item 19.													
Printed/Typed Name Jane Nessel						Signature <i>[Signature]</i>				Month Day Year 12/3/86			

Style F15R-6 Labelmaster, Div. of American Labelmark Co. Inc. 60646

EPA Form 8700-22 (Rev. 4-85) Previous edition is obsolete.

ORIGINAL-RETURN TO GENERATOR


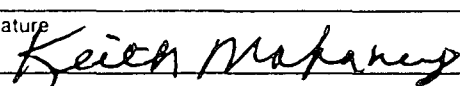
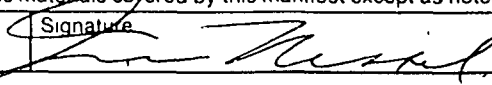
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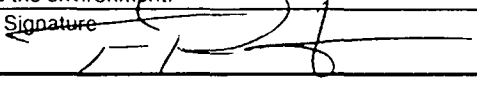
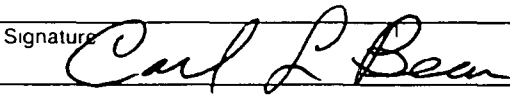
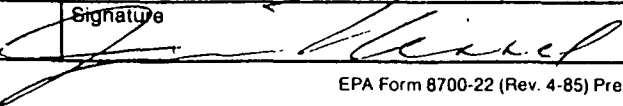


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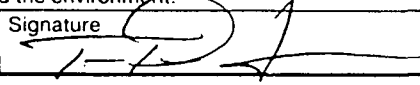
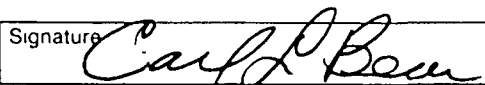

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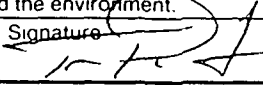
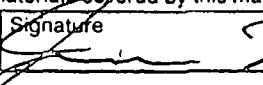
UNIFORM HAZARDOUS WASTE MANIFEST		21 Generator's US EPA ID No WAD012302667		Manifest Document No 00010		2. Page 1 of 1		Information in the shaded areas is not required by Federal law					
3. Generator's Name and Mailing Address Sundstrand Data Control, Inc. Building 2114, Grant County Airport, Moses Lake, WA 98837						A. State Manifest Document Number							
						B. State Generator's ID WAD012302667							
4. Generator's Phone (509) 762-5561						C. State Transporter's ID WAD058367152							
5. Transporter 1 Company Name Northwest EnviroService						D. Transporter's Phone (206) 622-1090							
7. Transporter 2 Company Name						E. State Transporter's ID							
8. US EPA ID Number						F. Transporter's Phone							
9. Designated Facility Name and Site Address Boron Blakeslee, Inc. 2N (See Box 19 Below) 5920 N.E. 87th Ave., Portland OR 97220						G. State Facility's ID							
						H. Facility's Phone (503) 252-3468 EN							
10. US EPA ID Number ORD061403384 EN													
11. US DOT Description (Including Proper Shipping Name, Hazard Class and ID Number)						12 Containers		13. Total Quantity		14. Unit Wt/Vol		15. Waste No.	
						No. Type							
a. Hazardous Waste Liquid, NOS ORM-E NA 9189						0		DM		G		F001 WP01	
b. Waste Dichloromethane ORM-A UN 1593						2		DM		100 455-TP		G F001 WP01	
c.													
d.													
J. Additional Descriptions for Materials Listed Above						K. Handling Codes for Wastes Listed Above b) SOIC							
15. Special Handling Instructions and Additional Information Remanifested to: 03015													
16. GENERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and national government regulations. Unless I am a small quantity generator who has been exempted by statute or regulation from the duty to make a waste minimization certification under Section 3002(b) of RCRA, I also certify that I have a program in place to reduce the volume and toxicity of waste generated to the degree I have determined to be economically practicable and I have selected the method of treatment, storage, or disposal currently available to me which minimizes the present and future threat to human health and the environment													
Printed/Typed Name TOM PORTER					Signature 			Month Day Year 12/2/86					
17. Transporter 1 Acknowledgement of Receipt of Materials													
Printed/Typed Name Keith Mahaney					Signature 			Month Day Year 12/2/86					
18. Transporter 2 Acknowledgement of Receipt of Materials													
Printed/Typed Name					Signature			Month Day Year					
19. Discrepancy Indication Space Northwest EnviroService Inc., 1500 Airport Way South, Seattle, WA 98134 WAD 058367152, (206) 622-1090 acted as the alternate TSD facility until transportation could be arranged to final disposal.													
20. Facility Owner or Operator: Certification of receipt of hazardous materials covered by this manifest except as noted in Item 19.													
Printed/Typed Name Joe Nesser					Signature 			Month Day Year 12/3/86					

UNIFORM HAZARDOUS WASTE MANIFEST		21. Generator's US EPA ID No WAD012302667		Manifest Document No 00009		2. Page 1 of 1		Information in the shaded areas is not required by Federal law.	
3. Generator's Name and Mailing Address Sundstrand Data Control Building 2114, Grant County Airport, Moses Lake, WA 98837						A. State Manifest Document Number 00009			
4. Generator's Phone (509) 762-5561						B. State Generator's ID WAD012302667			
5. Transporter 1 Company Name Northwest EnviroService				6. US EPA ID Number WAD058367152		C. State Transporter's ID WAD058367152			
7. Transporter 2 Company Name				8. US EPA ID Number		D. Transporter's Phone (206) 622-1090			
9. Designated Facility Name and Site Address Northwest EnviroService 1500 Airport Way South Seattle, WA						10. US EPA ID Number WAD058367152		E. State Transporter's ID	
								F. Transporter's Phone	
						G. State Facility's ID WAD058367152			
						H. Facility's Phone (206) 622-1090			
11. US DOT Description (Including Proper Shipping Name, Hazard Class and ID Number)						12. Containers		13. Total Quantity	
						No. Type		14. Unit Wt/Vol	
a. <input type="checkbox"/> HM Waste Flammable Liquid, NOS [Acetone, 2-Butanone, Isopropanol, Toluene] <input checked="" type="checkbox"/> XX Flammable Liquid UN 1993						1		DM	
								55	
								G	
								F003 F005 D001	
b.									
c.									
d.									
J. Additional Descriptions for Materials Listed Above						K. Handling Codes for Wastes Listed Above 501, 1, 3, 9, 1, 40, 1, 44			
15. Special Handling Instructions and Additional Information									
16. GENERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and national government regulations Unless I am a small quantity generator who has been exempted by statute or regulation from the duty to make a waste minimization certification under Section 3002(b) of RCRA, I also certify that I have a program in place to reduce the volume and toxicity of waste generated to the degree I have determined to be economically practicable and I have selected the method of treatment, storage, or disposal currently available to me which minimizes the present and future threat to human health and the environment.									
Printed/Typed Name Tom PORTER						Signature 		Month Day Year 9 25 86	
17. Transporter 1 Acknowledgement of Receipt of Materials									
Printed/Typed Name Carl L Bean						Signature 		Month Day Year 9 25 86	
18. Transporter 2 Acknowledgement of Receipt of Materials									
Printed/Typed Name						Signature		Month Day Year	
19. Discrepancy Indication Space									
20. Facility Owner or Operator: Certification of receipt of hazardous materials covered by this manifest except as noted in Item 19.									
Printed/Typed Name Joe Nessel						Signature 		Month Day Year 9 27 86	

ORIGINAL-RETURN TO GENERATOR

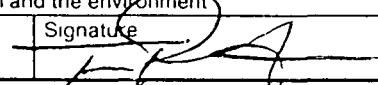
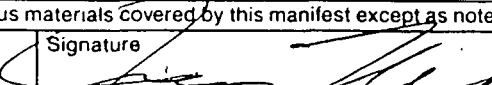
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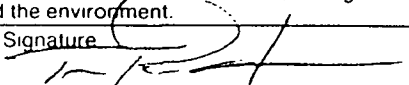
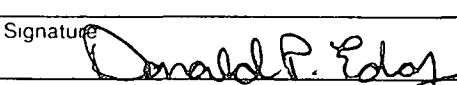
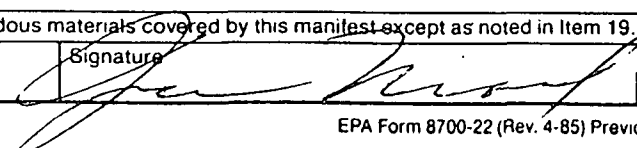
UNIFORM HAZARDOUS WASTE MANIFEST		21. Generator's US EPA ID No WAD012302667		Manifest Document No 00008		2. Page 1 of 1		Information in the shaded areas is not required by Federal law							
3. Generator's Name and Mailing Address Sundstrand Data Control, Inc. Building 2114, Grant County Airport Moses Lake, WA 98837 4. Generator's Phone (509) 762-5561						A. State Manifest Document Number 00008									
						B. State Generator's ID WAD012302667									
5. Transporter 1 Company Name Northwest EnviroService				6. US EPA ID Number WAD058367152		C. State Transporter's ID WAD058367152									
7. Transporter 2 Company Name				8. US EPA ID Number		D. Transporter's Phone (206) 622-1090									
9. Designated Facility Name and Site Address Northwest EnviroService, Inc. 1500 Airport Way South Seattle, WA 98134				10. US EPA ID Number WAD058367152		E. State Transporter's ID									
						F. Transporter's Phone									
11. US DOT Description (Including Proper Shipping Name, Hazard Class and ID Number)						12. Containers		13. Total Quantity		14. Unit Wt/Vol		15. Waste No.			
						No		Type							
a. <input checked="" type="checkbox"/> HM Waste Flammable Liquid, NOS [Acetone, Toluene, 2-Butanone, Isopropanol] xxd Flammable Liquid UN1993						1		DM		55		G		D001 F003 F005	
b.															
c.															
d.															
J. Additional Descriptions for Materials Listed Above						K. Handling Codes for Wastes Listed Above 501C, T38, T40, T44									
15. Special Handling Instructions and Additional Information															
16. GENERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and national government regulations Unless I am a small quantity generator who has been exempted by statute or regulation from the duty to make a waste minimization certification under Section 3002(b) of RCRA, I also certify that I have a program in place to reduce the volume and toxicity of waste generated to the degree I have determined to be economically practicable and I have selected the method of treatment, storage, or disposal currently available to me which minimizes the present and future threat to human health and the environment.															
Printed/Typed Name Tom Porter					Signature 			Month Day Year 9 18 86							
17. Transporter 1 Acknowledgement of Receipt of Materials					Signature 			Month Day Year 09 18 86							
18. Transporter 2 Acknowledgement of Receipt of Materials					Signature			Month Day Year							
19. Discrepancy Indication Space															
20. Facility Owner or Operator: Certification of receipt of hazardous materials covered by this manifest except as noted in Item 19.															
Printed/Typed Name Joe Nessel					Signature 			Month Day Year 9 23 86							

UNIFORM HAZARDOUS WASTE MANIFEST		21. Generator's US EPA ID No WAD012302667		Manifest Document No 00007		2. Page 1 of 1		Information in the shaded areas is not required by Federal law									
		3. Generator's Name and Mailing Address Sundstrand Data Control, Inc. Building 2114, Grant County Airport Moses Lake, WA 98837		6. US EPA ID Number WAD058367152		A. State Manifest Document Number 00007		B. State Generator's ID WAD012302667									
4. Generator's Phone (509) 762-5561		5. Transporter 1 Company Name Northwest EnviroService		6. US EPA ID Number WAD058367152		C. State Transporter's ID WAD058367152		D. Transporter's Phone (206) 622-1090									
7. Transporter 2 Company Name		8. US EPA ID Number		E. State Transporter's ID		F. Transporter's Phone											
9. Designated Facility Name and Site Address Baron-Blakeslee, Inc. 5920 N.E. 87th Portland, OR 97220		10. US EPA ID Number ORD061483384		G. State Facility's ID		H. Facility's Phone (503) 252-3468											
11. US DOT Description (Including Proper Shipping Name, Hazard Class and ID Number)						12. Containers		13. Total		14. Unit		15. Waste No.					
						No. Type		Quantity		Wt/Vol							
a. Waste Dichloromethane Mixture ORM-A UN1593						3 DM		150		G		F001 WP01					
b.																	
c.																	
d.																	
J. Additional Descriptions for Materials Listed Above A) Freon TMC						K. Handling Codes for Wastes Listed Above SIC											
15. Special Handling Instructions and Additional Information Remanifested to 02791																	
16. GENERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and national government regulations Unless I am a small quantity generator who has been exempted by statute or regulation from the duty to make a waste minimization certification under Section 3002(b) of RCRA, I also certify that I have a program in place to reduce the volume and toxicity of waste generated to the degree I have determined to be economically practicable and I have selected the method of treatment, storage, or disposal currently available to me which minimizes the present and future threat to human health and the environment.																	
Printed/Typed Name Tom Porter						Signature 				Month Day Year 7 18 86							
17. Transporter 1 Acknowledgement of Receipt of Materials						Printed/Typed Name Carl L. Bean				Signature Carl L. Bean				Month Day Year 09 18 86			
18. Transporter 2 Acknowledgement of Receipt of Materials						Printed/Typed Name				Signature				Month Day Year			
19. Discrepancy Indication Space																	
20. Facility Owner or Operator: Certification of receipt of hazardous materials covered by this manifest except as noted in Item 19.																	
Printed/Typed Name J. Messel						Signature 				Month Day Year 9 23 86							

ORIGINAL-RETURN TO GENERATOR

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UNIFORM HAZARDOUS WASTE MANIFEST		21. Generator's US EPA ID No WAD012302667		Manifest Document No 00006		2. Page 1 of 1		Information in the shaded areas is not required by Federal law	
3. Generator's Name and Mailing Address Sundstrand Data Control, Inc. Building 2114, Grant County Airport, Moses Lake WA 98837						A. State Manifest Document Number 00000 00006			
4. Generator's Phone (509) 762-5561						B. State Generator's ID WAD012302667			
5. Transporter 1 Company Name Northwest EnviroService Inc.				6. US EPA ID Number WAD058367152		C. State Transporter's ID WAD058367152			
7. Transporter 2 Company Name				8. US EPA ID Number		D. Transporter's Phone 206/622-1090			
9. Designated Facility Name and Site Address Northwest EnviroService Inc. 1500 Airport Way South Seattle, WA 98134						10. US EPA ID Number WAD058367152		E. State Transporter's ID	
								F. Transporter's Phone	
						G. State Facility's ID WAD058367152			
						H. Facility's Phone 206/622-1090			
11. US DOT Description (Including Proper Shipping Name, Hazard Class and ID Number)						12. Containers		13. Total Quantity	
						No. Type		14. Unit Wt/Vol	
a. Waste Flammable Liquid, NOS [Acetone, Toluene, 2-Butanone, Isopropanol] xx Flammable Liquid UN 1993						1 1 DM		55 G	
b. Hazardous Waste Liquid, NOS [Waste Tinning Oil] xx ORM-E NA 9189						1 1 DM		25 G	
c.									
d.									
J. Additional Descriptions for Materials Listed Above						K. Handling Codes for Wastes Listed Above a) 501C, T38, T40, T44 b) 501C, T38, T40, T41, T44			
15. Special Handling Instructions and Additional Information									
16. GENERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and national government regulations. Unless I am a small quantity generator who has been exempted by statute or regulation from the duty to make a waste minimization certification under Section 3002(b) of RCRA, I also certify that I have a program in place to reduce the volume and toxicity of waste generated to the degree I have determined to be economically practicable and I have selected the method of treatment, storage, or disposal currently available to me which minimizes the present and future threat to human health and the environment									
Printed/Typed Name Tom Porter						Signature 		Month Day Year 16/30/86	
17. Transporter 1 Acknowledgement of Receipt of Materials									
Printed/Typed Name Donald P. Eddy						Signature Donald P. Eddy		Month Day Year 16/30/86	
18. Transporter 2 Acknowledgement of Receipt of Materials									
Printed/Typed Name						Signature		Month Day Year	
19. Discrepancy Indication Space									
20. Facility Owner or Operator: Certification of receipt of hazardous materials covered by this manifest except as noted in Item 19.									
Printed/Typed Name Joe Nessel						Signature 		Month Day Year 17/3/86	

UNIFORM HAZARDOUS WASTE MANIFEST		21. Generator's US EPA ID No WAD012302667		Manifest Document No 00003		2. Page 1 of 1		Information in the shaded areas is not required by Federal law					
3. Generator's Name and Mailing Address Sundstrand Data Control Building 2114, Grant County Airport, Moses Lake, 4. Generator's Phone (206-) 509-762-5561 Wa., 98837						A. State Manifest Document Number 00003							
5. Transporter 1 Company Name Northwest EnviroService						B. State Generator's ID WAD012302667							
6. US EPA ID Number WAD058367152						C. State Transporter's ID WAD058367152							
7. Transporter 2 Company Name						D. Transporter's Phone 206-622-1090							
8. US EPA ID Number						E. State Transporter's ID							
9. Designated Facility Name and Site Address Northwest EnviroService 1500 Airport Way South Seattle, Wa						F. Transporter's Phone							
10. US EPA ID Number WAD058367152						G. State Facility's ID WAD058367152							
H. Facility's Phone (206) 622-1090													
11. US DOT Description (Including Proper Shipping Name, Hazard Class and ID Number)						12. Containers		13. Total Quantity		14. Unit Wt/Vol		15. Waste No.	
a. X X Waste Methylene Chloride mixture ORM-A, UN 1593						3 DM		140		G		F001 WP01	
b. X Waste 1,1,1-Trichloroethane mixture ORM-A, UN 2831						1 DM		10		G		F001 WP01	
c. X Waste Flammable Liquid, N.O.S. Flammable Liquid, UN 1993						2 DM		70		G		D001 WT02	
d.													
J. Additional Descriptions for Materials Listed Above C. Isopropyl alcohol						K. Handling Codes for Wastes Listed Above (a,b) S01C C S02U, T40, T44							
15. Special Handling Instructions and Additional Information													
16. GENERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and national government regulations Unless I am a small quantity generator who has been exempted by statute or regulation from the duty to make a waste minimization certification under Section 3002(b) of RCRA, I also certify that I have a program in place to reduce the volume and toxicity of waste generated to the degree I have determined to be economically practicable and I have selected the method of treatment, storage, or disposal currently available to me which minimizes the present and future threat to human health and the environment.													
Printed/Typed Name Tom Porter						Signature 				Month Day Year 3 20 86			
17. Transporter 1 Acknowledgement of Receipt of Materials													
Printed/Typed Name Donald P. Eddy						Signature 				Month Day Year 03 20 86			
18. Transporter 2 Acknowledgement of Receipt of Materials													
Printed/Typed Name						Signature				Month Day Year			
19. Discrepancy Indication Space													
20. Facility Owner or Operator: Certification of receipt of hazardous materials covered by this manifest except as noted in Item 19.													
Printed/Typed Name Gene Nessel						Signature 				Month Day Year 3 20 86			

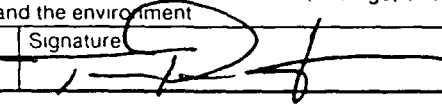
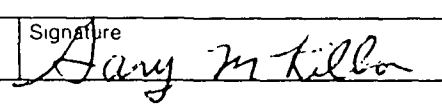
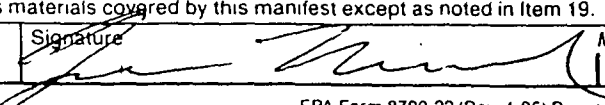
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Form Approved OMB No 2000-0404 Expires 7-31-86

UNIFORM HAZARDOUS WASTE MANIFEST		21. Generator's US EPA ID No WAD012302667		Manifest Document No 00002		2. Page 1 of 1		Information in the shaded areas is not required by Federal law.									
3. Generator's Name and Mailing Address Sundstrand Data Control, Inc. Bldg. 2114, Grant County Airport; Moses Lake, WA						A. State Manifest Document Number 00002											
4. Generator's Phone (206) (509) 762-5561 98837						B. State Generator's ID WAD012302667											
5. Transporter 1 Company Name Northwest Enviroservice						C. State Transporter's ID WAD058367152											
7. Transporter 2 Company Name						D. Transporter's Phone (206) 622-1090											
6. US EPA ID Number WAD058367152						E. State Transporter's ID											
8. US EPA ID Number						F. Transporter's Phone											
9. Designated Facility Name and Site Address Northwest Enviroservice 1500 Airport Way Seattle, WA 98134						G. State Facility's ID WAD058367152											
10. US EPA ID Number WAD058367152						H. Facility's Phone (206) 622-1090											
11. US DOT Description (Including Proper Shipping Name, Hazard Class and ID Number)						12. Containers		13. Total Quantity		14. Unit Wt/Vol		15. Waste No.					
						No. Type											
a. X Waste Methylene Chloride mixture ORM-A, UN 1593						5 DM		275		G		F001 WP01					
b. X Waste 1,1,1-trichloroethane mixture ORM-A, UN 2831						1 DM xxx		55		G		F001 WP01					
c.																	
d.																	
J. Additional Descriptions for Materials Listed Above						K. Handling Codes for Wastes Listed Above S01C											
15. Special Handling Instructions and Additional Information Designated facility will be Northwest Enviroservice. It will be transported at a later date to Baron Blakeslee Co. in Portland, Oregon.																	
16. GENERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and national government regulations. Unless I am a small quantity generator who has been exempted by statute or regulation from the duty to make a waste minimization certification under Section 3002(b) of RCRA, I also certify that I have a program in place to reduce the volume and toxicity of waste generated to the degree I have determined to be economically practicable and I have selected the method of treatment, storage, or disposal currently available to me which minimizes the present and future threat to human health and the environment.																	
Printed/Typed Name Tom Porter						Signature 				Month Day Year 12/17/85							
17. Transporter 1 Acknowledgement of Receipt of Materials						Printed/Typed Name GARY M KILBORN				Signature 				Month Day Year 12/17/85			
18. Transporter 2 Acknowledgement of Receipt of Materials						Printed/Typed Name				Signature				Month Day Year			
19. Discrepancy Indication Space																	
20. Facility Owner or Operator: Certification of receipt of hazardous materials covered by this manifest except as noted in Item 19.																	
Printed/Typed Name Joe Nessel						Signature 				Month Day Year 12/18/85							

UNIFORM HAZARDOUS WASTE MANIFEST		21. Generator's US EPA ID No WAD012302667 WAD058367152		Manifest Document No 00003		2. Page 1 of 1		Information in the shaded areas is not required by Federal law	
3. Generator's Name and Mailing Address Sundstrand Data Control, Inc. Bldg. 2114, Grant County Airport, Moses Lake, WA						A. State Manifest Document Number 00003			
4. Generator's Phone (509) 762-5561						B. State Generator's ID WAD012302667			
5. Transporter 1 Company Name Northwest Enviroservice				6. US EPA ID Number WAD058367152		C. State Transporter's ID WAD058367152			
7. Transporter 2 Company Name				8. US EPA ID Number		D. Transporter's Phone (206) 622-1090			
9. Designated Facility Name and Site Address Northwest Enviroservice 1500 Airport Way Seattle, Wa. 98134						10. US EPA ID Number WAD058367152		E. State Facility's ID WAD058367152	
						F. Facility's Phone (206) 622-1090			
11. US DOT Description (Including Proper Shipping Name, Hazard Class and ID Number)						12. Containers		13. Total Quantity	
						No. Type		Unit Wt/Vol	
a. X Waste Flammable Liquid, N.O.S. Flammable Liquid, UN 1993						3 DM		165 G	
b.									
c.									
d.									
J. Additional Descriptions for Materials Listed Above A. Isopropyl Alcohol						K. Handling Codes for Wastes Listed Above 5024, 140, 144			
15. Special Handling Instructions and Additional Information									
16. GENERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and national government regulations Unless I am a small quantity generator who has been exempted by statute or regulation from the duty to make a waste minimization certification under Section 3002(b) of RCRA, I also certify that I have a program in place to reduce the volume and toxicity of waste generated to the degree I have determined to be economically practicable and I have selected the method of treatment, storage, or disposal currently available to me which minimizes the present and future threat to human health and the environment									
Printed/Typed Name Tom Porter						Signature 		Month Day Year 12/17/85	
17. Transporter 1 Acknowledgement of Receipt of Materials									
Printed/Typed Name GARY M KILBORN						Signature 		Month Day Year 12/17/85	
18. Transporter 2 Acknowledgement of Receipt of Materials									
Printed/Typed Name						Signature		Month Day Year	
19. Discrepancy Indication Space									
20. Facility Owner or Operator: Certification of receipt of hazardous materials covered by this manifest except as noted in Item 19.									
Printed/Typed Name Joe Nessel						Signature 		Month Day Year 1/2/86	

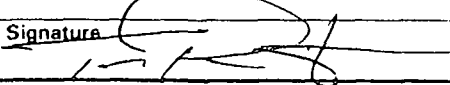

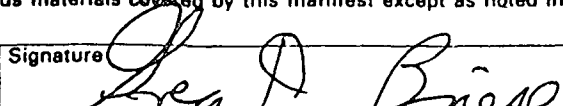
REPORT ANY UNRECOVERED DISCHARGE EQUAL TO OR IN EXCESS OF EACH HAZARDOUS WASTE ASSIGNED "RC" VALUE TO NATIONAL RESPONSE CENTER 800-424-8802	REPORTABLE QUANTITY VALUE	CHEM TREC = 800-424-9300	PLACARDS PROVIDED
	1 = 5000 LBS. 4 = 10 LBS.	EPA HOTLINE = 800-424-9346	
	2 = 1000 LBS. 5 = 1 LB.	CDC POISON CENTER = 404-635-5313	
	3 = 100 LBS.	DOT = 202-426-1830	

Please print or type. (Form designed for use on elite (12-pitch) typewriter) Form Approved. OMB No. 2000-0404. Expires 7-31-86

UNIFORM HAZARDOUS WASTE MANIFEST		1. Generator's US EPA ID No. W A D O 1 2 3 0 2 6 6 7 1 0 0 4		Manifest Document No. 1 0 0 4		2. Page 1 of 1		Information in the shaded areas is not required by Federal law.					
3. Generator's Name and Mailing Address Sundstrand Data Control, Inc. Building 2114, Grant County Airport, Moses Lake, WA 98837						A. State Manifest Document Number							
4. Generator's Phone (509) 762-5561						B. State Generator's ID							
5. Transporter 1 Company Name Northwest Tank Service						C. State Transporter's ID							
6. US EPA ID Number W A D O 5 8 3 6 7 1 5 2						D. Transporter's Phone (206) 622-1090							
7. Transporter 2 Company Name						E. State Transporter's ID							
8. US EPA ID Number						F. Transporter's Phone							
9. Designated Facility Name and Site Address Northwest Tank Service 1500 Airport Way S. Seattle, WA 98134						G. State Facility's ID							
10. US EPA ID Number W A D O 5 8 3 6 7 1 5 2						H. Facility's Phone (206) 622-1090							
11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number) HM						12. Containers		13. Total Quantity		14. Unit		15. Waste No.	
a. X Waste Isopropanol Alcohol FLAMMABLE LIQUID, UN 1219						No. Type		Quantity		Unit		Waste No.	
						3. DM				G		D001	
b.													
c.													
d.													
1. Additional Descriptions for Materials Listed Above						K. Handling Codes for Wastes Listed Above a) SOLU, T44							
15. Special Handling Instructions and Additional Information													
16. GENERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and national governmental regulations.													
Printed/Typed Name TOM FORTEK						Signature 				Date Month Day Year 5 12 85			
17. Transporter 1 Acknowledgement of Receipt of Materials						Signature David A. Soros				Date Month Day Year 5 12 85			
Printed/Typed Name DAVID A. SOROS						Signature				Date			
18. Transporter 2 Acknowledgement or Receipt of Materials						Signature				Date			
Printed/Typed Name						Signature				Date			
19. Discrepancy Indication Space													
20. Facility Owner or Operator: Certification of receipt of hazardous materials covered by this manifest except as noted in Item 19.													
Printed/Typed Name Joe Nessel						Signature 				Date Month Day Year 6 3 85			

REPORT ANY UNRECOVERED DISCHARGE EQUAL TO OR IN EXCESS OF EACH HAZARDOUS WASTE ASSIGNED "RQ" VALUE TO NATIONAL RESPONSE CENTER 800-424-8802	REPORTABLE QUANTITY VALUE 1 = 5000 LBS. 4 = 10 LBS. 2 = 1000 LBS. 5 = 1 LB. 3 = 100 LBS.	CHEM TREC = 800-424-9300 EPA HOTLINE = 800-424-9346 CDC POISON CENTER = 404-635-5313 DOT = 202-426-1830	PLACARDS PROVIDED

Please print or type. (Form designed for use on elite (12-pitch) typewriter.) Form Approved OMB No. 2000-0404. Expires 7-31-86

UNIFORM HAZARDOUS WASTE MANIFEST		1. Generator's US EPA ID No. W A D 0 1 2 3 0 2 6 6 7		Manifest Document No. 0 0 0 0		2. Page 1 of 1		Information in the shaded areas is not required by Federal law.					
3. Generator's Name and Mailing Address Sundstrand Data Control, Inc. Building 2114, Grant County Airport, Moses Lake, WA						A. State Manifest Document Number							
4. Generator's Phone (509) 762-5561 98837						B. State Generator's ID							
5. Transporter 1 Company Name Northwest Tank Service						6. US EPA ID Number W A D 0 5 8 3 6 7 1 5 2							
7. Transporter 2 Company Name						8. US EPA ID Number							
9. Designated Facility Name and Site Address Barons Blakeslee 5920 N.E. 87th Ave. Portland, OR 97220						10. US EPA ID Number L O R D 0 6 1 4 8 3 3 8 4							
11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number) HM						12. Containers No. Type		13. Total Quantity		14. Unit Wt/Vol		15. Waste No.	
a. X Waste Methylene Chloride Mixture UN 1593 ORM-A						8 D M		4 4 0 G		WP01, F001			
b.													
c.													
d.													
J. Additional Descriptions for Materials Listed Above A. Freon - Offered for recycling						K. Handling Codes for Wastes Listed Above							
15. Special Handling Instructions and Additional Information													
16. GENERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and national governmental regulations													
Printed/Typed Name TOM PORTER						Signature 		Date Month Day Year 5 20 85					
17. Transporter 1 Acknowledgement of Receipt of Materials						Printed/Typed Name TOM + DAVID A. SORAS		Signature 		Date Month Day Year 5 26 85			
18. Transporter 2 Acknowledgement or Receipt of Materials						Printed/Typed Name		Signature		Date Month Day Year			
19. Discrepancy Indication Space													
20. Facility Owner or Operator: Certification of receipt of hazardous materials covered by this manifest except as noted in item 19.													
Printed/Typed Name Greg Brieo						Signature 		Date Month Day Year 5 22 85					

HAZARDOUS WASTE MANIFEST

STRAIGHT BILL OF LADING

ORIGINAL - NOT NEGOTIABLE

1984

MANIFEST DOCUMENT NUMBER

01-472076

TO:	FROM:
T/S/D/F Van Waters & Rogers	Generator Sundstrand Data Control
E.P.A. ID Code No. WAD067548966	E.P.A. ID Code No. WAD12332667
Address 8201 S. 212th	Address BLDG. 2114 Grant City Airpo
Destination Kent, WA 98031	Origin Moses Lake, WA 98837
Phone (206) 872-5000	Phone (509) 762-5561

No Shipping Units	D.O.T. PROPER SHIPPING NAME	HAZARD CLASS	Haz. Mat. I.D. No.	EPA Haz Waste No.	WEIGHT	LABELS REQUIRED (or Exemption No.)
3	DRUMS WASTE ISOPROPANOL	FLAMMABLE LIQUID	UN1219	F005	1,200#	FLAMMABLE LIQUID
2	DRUMS WASTE TRICHLOROETHYLENE	ORM A	UN1710	F001	1,400#	NONE
8	DRUMS HAZARDOUS WASTE, LIQUID, NOS (Freon)	ORM E	NA9189	F001	5,600#	NONE

PLACARDS REQUIRED

NOTE - Where the rate is dependent on value, shippers are required to state specifically in writing the agreed or declared value of the property. The agreed or declared value of the property is hereby specifically stated by the shipper to be not exceeding \$ _____ Per _____

Subject to Section 7 of the conditions, if the shipment is to be delivered to the consignee without recourse on the consignee, the consignee shall sign the following statement:
The carrier shall not make delivery of this shipment without payment of freight and all other lawful charges.

(Signature of Consignee)

FREIGHT CHARGES

PREPAID ☒ COLLECT ☐

RECEIVED, subject to the classifications and tariffs in effect on the date of the issue of this Bill of Lading, the property described above is in apparent good order, except as noted (contents and condition of contents of packages unknown), marked, consigned, and destined as indicated above which said carrier (the word carrier being understood throughout this contract as meaning any person or corporation in possession of the property under the contract) agrees to carry to its usual place of delivery at said destination, if on its route, otherwise to deliver to another carrier on the route to said destination. It is mutually agreed as to each carrier of all or any of, said property over all or any portion of said route to destination and as to each party at any time interested in all or any said property, that every service to be performed hereunder shall be subject to all the bill of lading terms and conditions in the governing classification on the date of shipment. Shipper hereby certifies that he is familiar with all the bill of lading terms and conditions in the governing classification and the said terms and conditions are hereby agreed to by the shipper and accepted for himself and his assigns.

ALTERNATE DESTINATION (EMERGENCY ONLY)

T/S/D/F _____
E.P.A. ID Code No. _____
Address _____
Destination _____

EMERGENCY RESPONSE INFORMATION

CONTACT: Name Chem Trec
Phone 800-424-9300
National Response Center 1-800-424-8802
in D. C. 426-2675

CERTIFICATION

This is to certify that the above named materials are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the Department of Transportation and the U.S. Environmental Protection Agency.

Generator signature [Signature] Date 7-20-84
TRANSPORTER #1 Van Waters & Rogers E.P.A. ID No. WAD067548966
Address 1010 F Kartchner
City Pasco State WA Zip Phone (509) 545-8401

TRANSPORTER No. 1 This is to certify acceptance of the hazardous waste shipment.
Signature [Signature] Date 7/20/84
TRANSPORTER #2 Van Waters & Rogers E.P.A. ID No. WAD067548966
Address 8201 S. 212th
City Kent State WA Zip 98031 Phone (206) 872-5000

TRANSPORTER No. 2 This is to certify acceptance of the hazardous waste shipment.
Signature [Signature] Date 7-26-84

TREATMENT/STORAGE/DISPOSAL/FACILITY

T/S/D/F This is to certify acceptance of the hazardous waste for treatment, storage, or disposal.
Signature [Signature] Date 9-13-84

ORIGINAL - RETURN TO GENERATOR

606-018986

HAZARDOUS WASTE

HAZARDOUS WASTE MANIFEST

STRAIGHT BILL OF LADING

ORIGINAL - NOT NEGOTIABLE

1983

MANIFEST DOCUMENT NUMBER

01-26423

TO: T/S/D/F MOCLARY COLUMBIA
E.P.A. ID C WAD 092300250
Address 625 S. 32nd
Destination Washougal, WA 98671
Phone

FROM: Generator Sundstrand Data Control
E.P.A. ID Code No. WAD009249392
Address Bldg. 2114, Grant County Airport
Origin Moses Lake, WA 98837
Phone (509) 762-5561

No Shipping Units	D.O.T. PROPER SHIPPING NAME	HAZARD CLASS	Haz. Mat. I.D. No.	EPA Haz Waste No.	WEIGHT	LABELS REQUIRED (or Exemption No.)
5 dr.	Freon-Hazardous Waste, Liquid, NOS	ORM-E	9189	F001	4080#	none

PLACARDS REQUIRED none

NOTE - Where the rate is dependant on value, shippers are required to state specifically in writing the agreed or declared value of the property. The agreed or declared value of the property is hereby specifically stated by the shipper to be not exceeding \$ _____ Per _____

Subject to Section 7 of the conditions, if this shipment is to be delivered to the consignee without recourse on the consignor, the consignor shall sign the following statement:
The carrier shall not make delivery of this shipment without payment of freight and all other lawful charges.

FREIGHT CHARGES

PREPAID ☒ COLLECT ☐

(Signature of Consignor)

RECEIVED, subject to the classifications and tariffs in effect on the date of the issue of this Bill of Lading, the property described above in apparent good order, except as noted (contents and condition of contents of packages unknown), marked, consigned, and destined as indicated above which said carrier (the word carrier being understood throughout this contract as meaning any person or corporation in possession of the property under the contract) agrees to carry to its usual place of delivery at said destination, if on its route, otherwise to deliver to another carrier on the route to said destination. It is mutually agreed as to each carrier of all or any of, said property over all or any portion of said route to destination and as to each party at any time interested in all or any said property, that every service to be performed hereunder shall be subject to all the bill of lading terms and conditions in the governing classification on the date of shipment.
Shipper hereby certifies that he is familiar with all the bill of lading terms and conditions in the governing classification and the said terms and conditions are hereby agreed to by the shipper and accepted for himself and his assigns.

ALTERNATE

T/S/D/F V VAN WATERS & ROGERS
E.P.A. ID Co ORD 009227398
Address 8 3950 NW Yeon Ave
Destination K Portland, OR 97210

EMERGENCY RESPONSE INFORMATION

CONTACT Name Van Waters & Rogers

Phone (206) 872-5000

National Response Center

1-800-424-8802

in D. C. 426-2675

CERTIFICATION

This is to certify that the above named materials are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the Department of Transportation and the U.S. Environmental Protection Agency.

Generator

Signature

Date 7-29-83

TRANSPORTER #1 Van Waters & Rogers

E.P.A. ID No. WAD067548966

Address 8201 S. 212th

City Kent, State WA Zip 98032 Phone (206) 872-5000

Transporter No. 1 This is to certify acceptance of the hazardous waste shipment.

Signature

Date 7/29/83

TRANSPORTER #2 Van Waters & Rogers

E.P.A. ID No. ORD009227398

Address 3950 N.W. Yeon Ave.

City Portland State OR Zip 97210 Phone (509) 222-1721

Transporter No. 2 This is to certify acceptance of the hazardous waste shipment.

Signature

Date

TREATMENT/STORAGE/DISPOSAL/FACILITY

T/S/D/F

Signature

This is to certify acceptance of the hazardous waste for treatment, storage, or disposal.

Date 11-4-83

ORIGINAL - RETURN TO GENERATOR

EPA 010087

HAZARDOUS WASTE MANIFEST

STRAIGHT BILL OF LADING

ORIGINAL - NOT NEGOTIABLE

MANIFEST DOCUMENT NUMBER

01-26422

TO: T/S/D/F Northwest Tank Service E.P.A. ID Code No. WAD058367152 Address 1500 Airport Way S. Destination Seattle, WA 98124 Phone (206) 622-1090	FROM: Generator Sundstrand Data Control E.P.A. ID Code No. WAD009249392 Address Bldg. 2114, Grant County Airport Origin Moses Lake, WA 98837 Phone (509) 762-5561
--	--

No. Shipping Units	D.O.T. PROPER SHIPPING NAME	HAZARD CLASS	Haz. Mat. I.D. No.	EPA Haz. Waste No.	WEIGHT	LABELS REQUIRED (or Exemption No.)
1 dr.	Isopropanol	Flammable Liquid	1219	F005	401#	Flammable Liquid

PLACARDS REQUIRED Flammable Liquid

NOTE - Where the rate is dependent on value, shippers are required to state specifically in writing the agreed or declared value of the property. The agreed or declared value of the property is hereby specifically stated by the shipper to be not exceeding \$ _____ Per _____

Subject to Section 2 of the Conditions, if this shipment is to be delivered to the consignee without recourse on the consignee, the consignee shall sign the following statement:
The carrier shall not make delivery of this shipment without payment of freight and all other lawful charges.

(Signature of Consignee)

FREIGHT CHARGES

PREPAID ☒ COLLECT ☐

RECEIVED, subject to the classifications and tariffs in effect on the date of the issue of this Bill of Lading, the property described above in apparent good order, except as noted (contents and condition of contents of packages unknown), marked, consigned, and destined as indicated above which said carrier (the word carrier being understood throughout this contract as meaning any person or corporation in possession of the property under the contract) agrees to carry to its usual place of delivery at said destination, if on its route, otherwise to deliver to another carrier on the route to said destination. It is mutually agreed as to each carrier of all or any of, said property over all or any portion of said route to destination and as to each party at any time interested in all or any said property, that every service to be performed hereunder shall be subject to all the bill of lading terms and conditions in the governing classification on the date of shipment. Shipper hereby certifies that he is familiar with all the bill of lading terms and conditions in the governing classification and the said terms and conditions are hereby agreed to by the shipper and accepted for himself and his assigns.

ALTERNATE DESTINATION (EMERGENCY ONLY)

T/S/D/F Van Waters & Rogers
E.P.A. ID Code No. WAD067548966
Address 8201 S. 212th
Destination Kent, WA 98032

EMERGENCY RESPONSE INFORMATION

CONTACT Name Van Waters & Rogers
Phone (206) 872-5000
National Response Center 1-800-424-8802
in D. C. 426-2675

CERTIFICATION

This is to certify that the above named materials are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the Department of Transportation and the U.S. Environmental Protection Agency.

Generator
Signature _____

Date 9-29-83

TRANSPORTER #1 Van Waters & Rogers

E.P.A. ID No. WAD067548966

Address 8201 S. 212th

City Kent

State WA

Zip 98032

Phone (206) 872-5000

Transporter No. 1
Signature _____

This is to certify acceptance of the hazardous waste shipment.

Date 9/29/83

TRANSPORTER #2 Van Waters & Rogers

E.P.A. ID No. WAD067548966

Address 8201 S. 212th

City Kent

State WA

Zip 98032

Phone (206) 872-5000

Transporter No. 2
Signature _____

This is to certify acceptance of the hazardous waste shipment.

Date 10-10-83

TREATMENT/STORAGE/DISPOSAL FACILITY

T/S/D/F
Signature _____

This is to certify acceptance of the hazardous waste for treatment, storage, or disposal.

Date 10/10/83

ORIGINAL - RETURN TO GENERATOR

FIG-012001

Form 4 1989

GENERATOR ANNUAL DANGEROUS WASTE REPORT

1989 Form 4

PLEASE PRINT OR TYPE — Blue or Black Ink Only — (Form designed for use on Elite (12 pitch) typewriter) Use spacebar between each character

WAD012302667

SUNDSTRAND DATA CONTROL- MOSES LAKE
ATTN: STACEY HAWKEY
PO BOX 97001
REDMOND WA 98073

You must complete Sections 1 through 4
in addition to placing the label here.
Do not cross out incorrect information.

FOR ECOLOGY USE ONLY

DATE RECEIVED

MAR 01 1990

Init OR Date 9-25-90
Init DM Date 10/1/90

Revision ☐ Pages _____
Init _____ Date _____

Verified ST Date 1-1-91
Batch No. 818-49

☐ A ☐ B ☐ C

FOR ECOLOGY USE ONLY

SEND TO:

DEPT. OF ECOLOGY
Hazardous Waste Section
Attn: Annual Reports
R/6 Bldg. 4
Mail Stop PV-11
Olympia, WA 98504-8711
Assistance 1-800-874-2022
(206) 459-6387

DUE DATE:

Postmarked

No Later Than

MARCH 1, 1990



1. EPA/STATE HAZARDOUS WASTE
SITE IDENTIFICATION NUMBER

WAD012302667

JAN 27 1992

2. COMPANY NAME

SUNDSTRAND DATA CONTROL, INC. DEPARTMENT OF ECOLOGY
SPOKANE REGIONAL OFFICE

3. SITE CONTACT PERSON,
AND TITLE
PHONE NUMBER

HAWKEY LAST STACEY FIRST ENV. ADMIN. TITLE
206-885-8837 ext. _____

4. COMPANY MAILING ADDRESS

PO BOX 97001
REDMOND CITY WA 98073-9701
STATE ZIP

5. SITE LOCATION ADDRESS

BUILDING 2114 GRANT COUNTY AIRPORT
MOSES LAKE CITY WA 98837- STATE ZIP

6. SITE LOCATION COUNTY

GRANT

7. WASHINGTON DEPT. OF REVENUE
REGISTRATION (UBI) NUMBER

600-039-333

8. STANDARD INDUSTRIAL
CLASSIFICATION (SIC) CODES

PRIMARY 3812 SECONDARY OTHER

9. SITE EMPLOYMENT ON
DECEMBER 31, 1989

98

10. REGULATORY STATUS CERTIFICATION—Refer to the instructions and the "Guide For Hazardous Waste Generators" (1988 or First Edition) to complete this section. Mark only one entry by placing your initials in the space provided. If none of these conditions apply to you, skip this section and complete the continuation sheet(s).

A. ☐ B. ☐ C. ☐ D. ☐ E. ☐ lbs. F. ☐

11. CERTIFICATION—I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

Rodney K. Mocherman

PRINT OR TYPE NAME

Rodney K. Mocherman

SIGNATURE (must be in ink)

February 27, 1990

DATE SIGNED

Page 1 of 4 Pages

606-016601

1989		FORM 4		GENERATOR ANNUAL DANGEROUS WASTE REPORT		FORM 4	
12. EPA/STATE ID#		13. RECEIVING TSDF: EPA/STATE ID NUMBER				14. TRANSPORTER: EPA/STATE ID NUMBER	
WAD012302667							
15. WASTE ID LINE	A. MANIFEST DOCUMENT NUMBER	B. MANIFEST SHIPMENT DATE	C. S T A T	D. PHYS. ST.	E. CHEM NAT.	F. WASTE DESCRIPTION	G. DANGEROUS WASTE NUMBER
				L	O	Spent non-halogenated solvents; isopropanol toluene, acetone, 2-butanone from electronic parts cleaning and painting.	D001 F005
16. COMMENTS:							

Solvent = 548
620
412
277.2
568
650

3075.2

Dichlor. + Trich. 130.9
190
238
274
351

1183.9

12. EPA/STATE ID#

WAD012302667

13. RECEIVING TSDF: Baron-Blakeslee, Inc
 EPA/STATE ID 5920 NE 87th Avenue
 NUMBER
 ORD061483384 Portland, OR 97220

14. TRANSPORTER: Northwest EnviroService
 EPA/STATE 1500 Airport Way South
 ID NUMBER
 WAD058367152 Seattle, WA

DEPARTMENT OF ECOLOGY
 SPOKANE REGIONAL OFFICE

DEPARTMENT OF ECOLOGY SPOKANE REGIONAL OFFICE													
15. WASTE ID	A.	B.	C.	D.	E.	F.	G.		H.	I.	J.	K.	
L I N E	MANIFEST DOCUMENT NUMBER	MANIFEST SHIPMENT DATE	S T A T	PHYS. ST.	CHEM NAT.	WASTE DESCRIPTION	DANGEROUS WASTE NUMBER		DW/ EHW	AMOUNT OF WASTE	WT. CODE	TSD USE ONLY	
2	29	022889	L	L	O	Dichloromethane (50%) and Trichlorotrifluoroethane (50%) from electronic part cleaning ; Toxic	F001	WP01	EHW	130.9	P		
3	29	022889		L	O	Dichloromethane (50%) and Trichlorotrifluoroethane (50%) from electronic part cleaning ; Toxic	F001	WP01	EHW	190.	P		
4	31	051089		L	O	Dichloromethane (50%) and Trichlorotrifluoroethane (50%) from electronic part cleaning ; Toxic	F001	WP01	EHW	238.	P		
5	33	080989		L	O	Dichloromethane (50%) and Trichlorotrifluoroethane (50%) from electronic part cleaning ; Toxic	F001	WP01	EHW	274.	P		
6	35	111689		L	O	Dichloromethane (50%) and Trichlorotrifluoroethane (50%) from electronic part cleaning ; Toxic	F001	WP01	EHW	351.	P		

16. COMMENTS: Section 15, line 2 and line 3; Signature on section 18 of manifest 29 in error; only one transporter used

1989		FORM 4		GENERATOR ANNUAL DANGEROUS WASTE REPORT				FORM 4		<div style="border: 1px solid black; padding: 2px; display: inline-block;"> D E 0989 V 1990 </div>					
12. EPA/STATE ID# <div style="border: 1px solid black; padding: 2px; width: fit-content;">WAD012302667</div>		13. RECEIVING TSDF: Northwest EnviroService EPA/STATE ID 1500 Airport Way South NUMBER WAD058367152 Seattle, WA 98134						14. TRANSPORTER: Northwest EnviroService EPA/STATE 1500 Airport Way South ID NUMBER WAD058367152 Seattle, WA					<div style="border: 1px solid black; padding: 2px; display: inline-block;"> DEPARTMENT OF SPOKANE REGIONAL </div>		
15. WASTE ID	A. MANIFEST DOCUMENT NUMBER	B. MANIFEST SHIPMENT DATE	C. S T A T	D. PHYS. ST.	E. CHEM NAT.	F. WASTE DESCRIPTION	G. DANGEROUS WASTE NUMBER	H. DW/ EHW	I. AMOUNT OF WASTE	J. WT. CODE	K. TSD USE ONLY				
7	28	022889		L	O	Spent non-halogenated solvents; isopropanol toluene, acetone, 2-butanone from electronic parts cleaning and painting.	D001 F005	F003 DW	620.	P					
8	30	051089		L	O	Spent non-halogenated solvents; isopropanol toluene, acetone, 2-butanone from electronic parts cleaning and painting.	D001 F005	F003 DW	412.	P					
9	30	051089	✓	L	O	Spent non-halogenated solvents; isopropanol toluene, acetone, 2-butanone from electronic parts cleaning and painting.	D001 F005	F003 DW	277.2	P					
10	32	080989		L	O	Spent non-halogenated solvents; isopropanol toluene, acetone, 2-butanone from electronic parts cleaning and painting.	D001 F005	F003 DW	568.	P					
11	34	111689		L	O	Spent non-halogenated solvents; isopropanol toluene, acetone, 2-butanone from electronic parts cleaning and painting.	D001 F005	F003 DW	650.	P					
16. COMMENTS:															

1988 Form 4 GENERATOR ANNUAL DANGEROUS WASTE REPORT

1988

PLEASE PRINT OR TYPE (form designed for use on Elite (12-pitch) typewriter). BLUE OR BLACK INK ONLY

1. COMPANY NAME SUNDSTRAND DATA CONTROL, INC.		2. EPA/STATE HAZARDOUS WASTE SITE IDENTIFICATION NUMBER W.A.D012302667	
3. SITE CONTACT PERSON STACEY HAWKEY		CONTACT TITLE ENV. ADMIN.	
CONTACT PHONE NUMBER 206 - 889 - 8837 ext.			
4. SITE LOCATION ADDRESS Street or Description (see instructions) Building 2114 Grant County Airport City State Zip Moses Lake WA 98837		5. COMPANY MAILING ADDRESS Street or P.O. Box P.O. Box 97001 City State Zip Redmond WA 98073	
6. WASHINGTON STATE DEPT. OF REVENUE REGISTRATION NUMBER (DO NOT use your Federal Tax Number) 600 - 039 - 333		7. STANDARD INDUSTRIAL CLASSIFICATION (SIC) CODES Primary 3812 Secondary Other	
8. SITE EMPLOYMENT ON DECEMBER 31, 1988 99			

9. REGULATORY STATUS CERTIFICATION

REFER TO THE INSTRUCTIONS FOR THIS SECTION AND THE "GUIDE TO ANNUAL REPORTING" WORKBOOK BEFORE COMPLETING THIS SECTION. MARK ONLY ONE ENTRY BY PLACING YOUR INITIALS IN THE SPACE PROVIDED. DO NOT COMPLETE PAGE 2 OF THIS REPORTING FORM IF ANY OF THESE CONDITIONS APPLY. IF NONE APPLY, COMPLETE THE ENTIRE FORM AND SKIP THIS SECTION.

- A. ☐ I.D. NUMBER CANCELLED OR WITHDRAWN—I certify that this site qualifies for this status and that I have read and understand the instructions for this section.
- B. ☐ EXEMPTIONS—WAC 173-303-017, or WAC 173-303-071, or WAC 173-303-120; or an exemption, variance, or petition pursuant to WAC 173-303-910 has been granted that applies to ALL wastes generated at this site. A WRITTEN, DETAILED EXPLANATION QUOTING WHICH SECTIONS APPLY IS ATTACHED TO THIS REPORT. I understand this does NOT apply to on-site or off-site recycling of wastes, and that recycled wastes and the residues from recycling must be designated and reported.
- C. ☐ TRANSPORTER ONLY—This does NOT apply if waste was generated or a spill cleanup occurred at this site.
- D. ☐ NO WASTE—I certify that NO WASTE was generated, stored or removed from this site during 1988.
- E. ☐ SQG—I certify that this site qualifies as an SQG as outlined in the instructions or in the "Guide to Annual Reporting" I have entered the maximum generated, or accumulated on-site prior to shipment during the year in the space provided. I understand this section applies only if this site generated or accumulated less than the OEL for ALL wastes each and every month of 1988.
- F. ☐ OTHER—You MUST attach a detailed explanation with this form if you are declaring any other reporting exemption, or your form will be rejected.

10. CERTIFICATION I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment. Unless I am a small quantity generator who has been exempted by statute or regulation from the duty to make a waste minimization certification under Section 3002(b) or RCRA, I also certify that I have a program in place to reduce the volume and toxicity of waste generated to the degree I have determined to be economically practicable and I have selected the method of treatment, storage, or disposal currently available to me which minimizes the present and future threat to human health and the environment.

SEND TO:

DEPARTMENT OF ECOLOGY
HAZARDOUS WASTE SECTION
ATTN: Annual Reports R/R
Mail Stop PV-11
Olympia, WA 98504-8711

FOR ASSISTANCE CALL:

1-800-874-2022
(Seasonal Toll Free Number)

Other times (206) 459-6281

DUE DATE:

Postmarked No Later Than
MARCH 1, 1989Rodney K. Mocherman
PRINT OR TYPE NAMERodney K. Mocherman
SIGNATURE (must be in ink)2/27/89
DATE SIGNED

Page 1 of 5 Pages

1989		FORM 4		GENERATOR ANNUAL DANGEROUS WASTE REPORT				FORM 4		1988		
11. EPA/STATE ID# <div style="border: 1px solid black; padding: 2px; width: fit-content;">WAD012302667</div>		12. RECEIVING TSD: Sundstrand Data Control, Inc. EPA/STATE ID 15001 NE 36th Street NUMBER PG BOX 97001 WAD009249392 Redmond, WA 98073-9701				13. TRANSPORTER: Sundstrand Data Control, Inc. EPA/STATE 15001 NE 36th Street ID NUMBER PG BOX 97001 WAD009249392 Redmond, WA 98073-9701						
14.	WASTE ID	A.	B.	C.	D.	E.	F.	G.	H.	I.	J.	K.
	MANIFEST	MANIFEST	MANIFEST	PHYS.	CHEM		WASTE DESCRIPTION	DANGEROUS	EW/	AMOUNT	WT.	TSD
	DOCUMENT	SHIPMENT	T	ST.	RAT.			WASTE	EHW	OF	CODE	USE
	NUMBER	DATE	A					NUMBER		WASTE		ONLY
			T									
1		053189		L	O		1,1,1-Trichloroethane from degreasing and electronic part cleaning	F001	WFO1	EHW	88.	P
15. COMMENTS: Sec. 14, Line 1: Shipped unmanifested waste, TSD Facility Unmanifested Dangerous Waste Report (Form 6) submitted to WDOE on 061488.												

1988		FORM 4		GENERATOR ANNUAL DANGEROUS WASTE REPORT		FORM 4		1988			
11. EPA/STATE ID# WAD012302667		12. RECEIVING TSD# EPA/STATE ID NUMBER				13. TRANSPORTER: EPA/STATE ID NUMBER					
14. WASTE ID A. L I E	MANIFEST DOCUMENT NUMBER	B. MANIFEST SHIPMENT DATE	C. S T A T	D. PHYS. ST.	E. CHEM NAT.	F. WASTE DESCRIPTION	G. DANGEROUS WASTE NUMBER	H. DW/ EHW	I. AMOUNT OF WASTE	J. WT. CODE	K. TSD USE ONLY
2				L	o	Dichloromethane (50%) and Trichlorotrifluoroethane (50%) from electronic part cleaning	F001 WF01	EHW	130.9	P	
3				L	o	Spent non-halogenated solvents: isopropanol, toluene, acetone, 2-butanone from electronic parts cleaning and painting.	D001 F005	DF	277.2	P	
15. COMMENTS:											

1988		FORM 4		GENERATOR ANNUAL DANGEROUS WASTE REPORT				FORM 4		1988		
11. EPA/STATE ID# <div style="border: 1px solid black; padding: 2px; display: inline-block;">WAD012302667</div>		12. RECEIVING TSDF: Baron-Blakeslee, Inc EPA/STATE ID 5920 NE 87th Avenue NUMBER ORD061483384 Portland, OR 97220						13. TRANSPORTER: Northwest EnviroService EPA/STATE 1500 Airport Way South ID NUMBER WAD058367152 Seattle, WA 98134				
L I N E	14. WASTE ID		C. S T A T	D. P H Y S. S T.	E. C H E M N A T.	F. WASTE DESCRIPTION	G. DANGEROUS WASTE NUMBER		H. D W/ E H W	I. A M O U N T O F W A S T E	J. W T. C O D E	K. T S D U S E O N L Y
	A. M A N I F E S T D O C U M E N T N U M B E R	B. M A N I F E S T S H I P M E N T D A T E					F001	WP01				
4	21	032288	L	L	D	Dichloromethane (50%) and Trichlorotrifluoroethane (50%) from electronic part cleaning	F001	WP01	EHW	119.	P	
5	21	032288		L	D	Dichloromethane (50%) and Trichlorotrifluoroethane (50%) from electronic part cleaning	F001	WP01	EHW	1071.	P	
6	23	062088		L	D	Dichloromethane (50%) and Trichlorotrifluoroethane (50%) from electronic part cleaning	F001	WP01	EHW	1487.5	P	
7	35	082488		L	D	Dichloromethane (50%) and Trichlorotrifluoroethane (50%) from electronic part cleaning	F001	WP01	EHW	1190.	P	
8	27	111788		L	D	Dichloromethane (50%) and Trichlorotrifluoroethane (50%) from electronic part cleaning	F001	WP01	EHW	1606.5	P	
15. COMMENTS:												

1988		FORM 4		GENERATOR ANNUAL DANGEROUS WASTE REPORT				FORM 4		1988		
11. EPA/STATE ID# <div style="border: 1px solid black; padding: 2px;">WAD012302667</div>		12. RECEIVING TSD: Northwest EnviroService EPA/STATE ID 1500 Airport Way South NUMBER WAD058367152 Seattle, WA 98134						13. TRANSPORTER: Northwest EnviroService EPA/STATE 1500 Airport Way South ID NUMBER WAD058367152 Seattle, WA 98134				
14. WASTE ID	A. MANIFEST DOCUMENT NUMBER	B. MANIFEST SHIPMENT DATE	C. S T A T	D. PHYS. ST.	E. CHEM NAT	F. WASTE DESCRIPTION	G. DANGEROUS WASTE NUMBER		H. DW/ EHW	I. AMOUNT OF WASTE	J. WT CODE	K. TSD USE ONLY
9	0	032788		L	0	Spent non-halogenated solvents; isopropanol, toluene, acetone, 2-butanone from electronic parts cleaning and painting.	D001 F005	F003	DW	495.	P	
10	20	062788		L	0	Spent non-halogenated solvents; isopropanol, toluene, acetone, 2-butanone from electronic parts cleaning and painting.	D001 F005	F003	DW	165.	P	
11	22	062088		L	0	Spent non-halogenated solvents; isopropanol, toluene, acetone, 2-butanone from electronic parts cleaning and painting.	D001 F005	F003	DW	330.	P	
12	24	062488		L	0	Spent non-halogenated solvents; isopropanol, toluene, acetone, 2-butanone from electronic parts cleaning and painting.	D001 F005	F003	DW	660.	P	
13	26	111788		L	0	Spent non-halogenated solvents; isopropanol, toluene, acetone, 2-butanone from electronic parts cleaning and painting.	D001 F005	F003	DW	574.2	P	
15. COMMENTS:												

NOTIFICATION OF DANGEROUS WASTE ACTIVITIES

(send to) Attn: DW Notifications
Washington State Department of Ecology
M/S PV-11 Olympia, WA. 98504-8711
(206) 459-6314/6305/6306

RECEIVED
OLYMPIA, WA
DATE: 1/25/85
Region: WA
Copy: _____
Ack: _____
DEPARTMENT USE ONLY

EPA STATE Hazardous Waste I.D.#

W A N O 1 2 1 3 0 2 6 6

II. Waste Designated By:

☒ RCRA State ☒ SO

State Only

Non-Regulated Non-Handler/Protective Filing

III. Exemption Status

IV. Handling

RCRA Exempt Recycler

Emergency

State Exempt Recycler

Remedial Action

Below CEL

One-Time Only

Other

Other

DEPARTMENT USE ONLY

1. ☐ A. FIRST NOTIFICATION☒ B. REVISED NOTIFICATION
(enter current I.D.# in upper left)☐ C. WE REQUEST TO HAVE OUR I.D.# WITHDRAWN (enter current I.D. assigned to you in section 99 in upper left)☐ D. REACTIVATE OUR NOTIFICATION (complete all sections)revisions effective: 3^{MO} / 29^{DAY} / 85^{YR}☐ E. SITE CLOSED (We are no longer conducting business at this location and want our ID No. cancelled)

2.A. WASHINGTON STATE DEPARTMENT OF REVENUE REGISTRATION (TAX) NUMBER

2.B. SIC CODE(S)

PRIMARY

SECONDARY

OTHER

6 1 0 0 1 0 3 9 1 3 3 3 8 1 1

3. NAME OF COMPANY

S U N D S T R A N D D A T A C O N T R O L - M o s e s L a k e

4. MAILING ADDRESS

STREET, P.O. BOX, OR RURAL ROUTE & BOX NO

B L D G 2 1 1 4 G R A N T C O U N T Y A I R P O R T

CITY OR TOWN

STATE

ZIP CODE

M O S E S L A K E W A 9 8 0 5 2

5. LOCATION OF WASTE ACTIVITIES (Installation)

DESCRIPTION OF PHYSICAL LOCATION (Follow Instructions Carefully)

6. COUNTY WHERE THIS INSTALLATION IS LOCATED

B L D G 2 1 1 4 G R A N T C O G R A N T

A I R P O R T

CITY OR TOWN

STATE

ZIP CODE

M O S E S L A K E W A 9 8 0 5 2

7. DANGEROUS WASTE ACTIVITIES YOUR BUSINESS IS CONDUCTING

(Read & Follow Instructions Carefully—Enter an "X" in appropriate box(es))

A. ☒ GENERATORB. ☐ TRANSPORTER (complete this section only if YOU are transporting waste for hire or your own waste to an off-site facility)(1) ☐ We Transport Waste For Hire

(2) Modes of Transport YOU Operate

(a) ☐ HIGHWAY (b) ☐ AIR (c) ☐ RAIL(d) ☐ WATER (e) ☐ OTHERC. ☐ WASTE MANAGEMENT FACILITY (TSD)

(refer to definition in instructions)

(1) ☐ TREATMENT(2) ☐ STORAGE(3) ☐ DISPOSAL(4) ☐ WE ACCEPT OFF-SITE WASTED. ☐ UNDERGROUND INJECTION

8. CONTACT PERSON

NAME (last)

(first)

A N D E R S O N G A R Y

TITLE

PHONE NO. (area code & number)

M A N A G E R 5 0 9 1 7 1 6 1 2 5 5 1 6

9A. OWNERSHIP (Legal Owner(s) of this Company)

S U N D S T R A N D C O R P

9B. OWNERSHIP (Legal Owner(s) of site (Property))

P O R T O F M O S E S L A K E

10. TYPE OF OWNER

(enter letter code)

P

B. Description of Waste(s)	C. Hazardous Waste Number (refer to WAC 173-303)	D. Estimated or Actual Annual Waste Quantity
1. Isopropanol, electronic parts cleaning	D 001 W T 0 2	1 2 0 0
2. Trichloroethylene, electronic parts cleaning	E 0 0 1 W T 0 1	1 4 0 0
3. Trichloro trifluoroethane (freon tf) electronic parts cleaning	E 0 0 1 W T 0 1	5 6 0 0
4.		
5.		
6.		
7.		
8.		
9.		
10.		

12. ESTIMATED MAXIMUM QUANTITY of all wastes, listed above, to be produced in any given month or per processing batch.

A. ☐ Batch Frequency _____ QUANTITY WEIGHT CODE
 B. ☒ PER MONTH QUANTITY WEIGHT CODE

13. COMMENTS (Enter Information by Section & Line Number—See Instructions)

14. FORMS AND INFORMATION REQUEST

(Check the box(es) of those items desired and indicate how many)

- A. ☐ NOTIFICATION FORM B. ☐ PART A PERMIT FORM FOR TSD FACILITIES
 C. ☐ BIOLOGICAL TEST PROCED D. ☐ GENERATOR ANNUAL REPORT FORM
 E. ☐ CHEMICAL TEST PROCED F. ☐ TSD FACILITY ANNUAL REPORT/UNMANIFESTED WASTE REF
 G. ☐ DANGEROUS WASTE LEGISLATION (RCW 70 105) AND REGULATIONS (WAC 173-303)
 H. ☐ DANGEROUS WASTE FEES LEGISLATION (RCW 70 105A) & REGULATION (WAC 173-305)
 I. ☐ OTHER (specify) _____

15. CERTIFICATION

I certify under penalty of law that I have personally examined and am familiar with the information submitted on this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

SIGNATURE: _____ OFFICIAL TITLE (Print): _____ DATE SIGNED: _____
 PRINTED NAME: Earl Hazslip Group Controller March 29, 1993

I. EPA/STATE Hazardous Waste I.D.#
W A
II. Waste Designated By:
RCRA/State SQ/RCRA
State Only
Non-Regulated/Non-Handler/Protective Filing
III. Exemption Status:
RCRA Exempt Recycler
State Exempt Recycler
Below QEL
Other
IV. Handling
Emergency
Remedial Action
One-Time-Only
Other

FORM 2
NOTIFICATION OF
DANGEROUS WASTE
ACTIVITIES

(send to) Attn: DW Notifications
Washington State Department of Ecology
M/S PV-11 Olympia, WA. 98504-8711
(206) 459-6305/6306

DATE IN TO DEPARTMENT
Init KB Date 2-28 Region 2
EPA: Date: Copy:
Input: Update: Ack:
FEB 26 1987
DEPARTMENT USE ONLY

1 ☐ A FIRST NOTIFICATION (no previous application has been made for this site)
☐ C. WITHDRAW SITE I.D.# (Complete Sections 1F 2A 3, 5, 6 & 15. Enter existing I.D.# in Part 1F.)
☐ E. CANCEL SITE I.D.# (Site closed—no longer own or conduct business at this site. Complete Sections 1F 2A 3, 5, 6 & 15. Enter existing I.D.# in 1F.)
☒ B. REVISED NOTIFICATION (date revisions effective 02/27/87)
☐ D. REACTIVATE SITE I.D.# (Complete all sections of the form. Enter previously assigned I.D.# in Part 1F.)
☐ F. EXISTING I.D.# (Complete for items 1B, C, D, & E only) WA D 0112302667

2.A. WASHINGTON STATE DEPARTMENT OF REVENUE REGISTRATION (TAX) NUMBER
6 0 0 — 0 13 9 — 3 3 3
2.B. SIC CODE(S)
PRIMARY 3 8 1 1 SECONDARY OTHER

3 NAME OF COMPANY
S U N D S T R A N D D A T A C O N T R O L

4. MAILING ADDRESS
STREET P.O. BOX OR RURAL ROUTE & BOX NO.
P O B O X 9 7 0 0 1 , 1 5 0 0 1 N E 3 6 T H S T
CITY OR TOWN STATE ZIP CODE
R E D M O N D W A 9 8 1 0 7 3 - 9 7 0 1

5 LOCATION OF WASTE ACTIVITIES (Installation)
DESCRIPTION OF PHYSICAL LOCATION (Follow instructions carefully)
B I L D G 2 1 1 4 G R A N T
C O U N T Y A I R P O R T
CITY OR TOWN STATE ZIP CODE
M O S I E S L A K E W A 9 8 8 3 7 -

7 TYPES OF REGULATED DANGEROUS WASTE ACTIVITIES YOUR BUSINESS IS CONDUCTING (Read & follow instructions for this section carefully—Enter an "X" in any sections of 7A, 7B, or 7C below that may apply).

7A. HAZARDOUS WASTE ACTIVITIES (See instructions for definitions of these activities)
☒ 1. GENERATOR
☐ 2. TRANSPORTER 2a Transport Wastes Commercially (for hire)
2b Modes of Transport (1) ☐ Highway (2) ☐ Air (3) ☐ Rail (4) ☐ Water (5) ☐ Other (specify in comments)
☐ 3. MANAGEMENT FACILITY (TSD) 3a Facility accepts wastes from OFF-SITE Generators
3b. Processes conducted or available at this facility.
(1) ☐ Treatment (2) ☐ Storage (>180 days) (3) ☐ Disposal
(4) ☐ Other (specify in comments)
☐ 4. UNDERGROUND INJECTION OF WASTE(S)
☐ 5. MARKET OR BURN DANGEROUS WASTE FUELS—5a ☐ Generator Marketing to Burner 5b ☐ Other Marketer
5c ☐ Burner (COMPLETE 7C—TYPE OF COMBUSTION DEVICE)

7B. USED-OIL FUEL ACTIVITIES
☐ 1. OFF-SPECIFICATION USED-OIL FUELS—1a ☐ Generator Marketing to Burner 1b ☐ Other Marketer 1c ☐ Burner (Complete 7C)
☐ 2. SPECIFICATION USED-OIL FUEL MARKETER (or ON-SITE BURNER) WHO FIRST CLAIMS THE OIL MEETS THE SPECIFICATION

7C. DANGEROUS WASTE OR OFF-SPECIFICATION USED-OIL FUEL BURNING TYPE OF COMBUSTION DEVICE
(see instructions for definitions of combustion devices) 1 ☐ Utility Boiler 2 ☐ Industrial Boiler 3 ☐ Industrial Furnace

7D. NEW REGULATORY REQUIREMENTS
Indicate in the space provided, the activity you are notifying for, (if it is not listed above), for which you need an I.D.#
(continue in Comments).

8 CONTACT PERSON
NAME (last), (first)
H A W K E Y , S T A C E Y
TITLE PHONE NO. (area code & number)
I N D U S T R I A L H Y G I E N I S T 2 0 6 — 8 8 5 — 8 8 3 7

9A. OWNERSHIP (Legal Owner(s) of this Company)
S U N D S T R A N D D A T A C O N T R O L
9B. OWNERSHIP (Legal Owner(s) of site (Property))
P O R T O F M O S E S L A K E
10A. TYPE OF OWNERSHIP (enter letter code in box) SEE INSTRUCTIONS
P
10B. IS SITE LOCATED ON INDIAN TRUST LANDS? Y=Yes N=No
N

11. WASTE IDENTIFICATION (Copy 1 age if you have more than 10 waste streams—other info in sections 12-15 not needed on continuation sheets)

A N U M B E R	B Description of Waste(s)	C Dangerous Waste Number (refer to WAC 173-303)	D Estimated or Actual Annual Waste Quantity	E W E I G H T C O D E
1	Spent halogenated solvents; electronic parts cleaning; freon TMC, freon TF, freon TMS, 1,1,1-trichloroethane	F' 0' 0' 1 W' P' 0' 1	9 0 0 0	P
2	Spent non-halogenated solvents; isopropanol, toluene, acetone, 2-butanone; electronic parts cleaning	F' 0' 0' 3 F' 0' 0' 5 D' 0' 0' 1	3 0 0 0	P
3				
4				
5				
6				
7				
8				
9				
10				

12 ESTIMATED MAXIMUM QUANTITY of all wastes, listed above, to be produced in any given month or per processing batch. In 12C indicate maximum to be accumulated on-site prior to shipment.

12A (Batch Frequency) QUANTITY WEIGHT CODE 12B ☒ PER MONTH QUANTITY WEIGHT CODE

12C. Amount to be Accumulated on-site prior to shipment

QUANTITY WEIGHT CODE
3 0 0 0 P

13. COMMENTS (Enter information by Section & Line Number—See Instructions)

Section 11, line 1; column B: freons described are:

TMC: 50% trichlorotrifluoroethane, 50% dichloromethane
TF: trichlorotrifluoroethane
TMS: 94% trichlorotrifluoroethane 6% methanol

Section 9B:

Full name and address of property owner:

Port of Moses Lake
Grant County Airport
Moses Lake, WA 98837

14 FORMS AND INFORMATION REQUEST

(Check the box(es) of those items desired and indicate how many)

- A ☐ NOTIFICATION FORM B ☐ PART A PERMIT FORM FOR TSD FACILITIES
C ☐ BIOLOGICAL TEST PROCED D ☐ GENERATOR ANNUAL REPORT FORM
E ☐ CHEMICAL TEST PROCED F ☐ TSD FACILITY ANNUAL REPORT/UNMANIFESTED WASTE REPORT
G ☐ DANGEROUS WASTE LEGISLATION (RCW 70.105) AND REGULATIONS (WAC 173-303)
H ☐ DANGEROUS WASTE FEES LEGISLATION (RCW 70.105A) & REGULATION (WAC 173-305)
I ☐ OTHER (specify)

15. CERTIFICATION (MUST BE SIGNED IN INK TO BE PROCESSED)

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

SIGNATURE *Basil J. Cascio* OFFICIAL TITLE (Print) Administrative Vice President DATE SIGNED: February 23, 198
PRINTED NAME Basil J. Cascio

1985 Form 4 GENERATOR ANNUAL DANGEROUS WASTE REPORT

1985

Form 4

PLEASE PRINT OR TYPE. (Form designed for use on Elite (12 pitch) typewriter)

1. COMPANY NAME

SUNDSTRAND DATA CONTROL

2. EPA/STATE HAZARDOUS WASTE IDENTIFICATION NUMBER

WAD012302667

3. LOCATION ADDRESS

Street or Description (see instructions)

City

State

Zip

BLDG 2114 GRANT CO AIRPORT

MOSES LAKE

WA

98837

4. LOCATION COUNTY

GRANT

5. MAILING ADDRESS AND CONTACT PERSON FOR ANNUAL REPORT CORRESPONDENCE

Street or P.O. Box

City

State

Zip

Contact HOLMBLAD, DAVID

P.O. BOX 97001

REDMOND

WA

98073-9701

Phone 206-885-8776

6. MAILING ADDRESS AND CONTACT PERSON FOR GENERATOR FEE CORRESPONDENCE

Street or P.O. Box

City

State

Zip

Contact HOLMBLAD, DAVID

P.O. BOX 97001

REDMOND

WA

98073-9701

Phone 206-885-8776

7. WASHINGTON STATE DEPT OF REVENUE REGISTRATION NUMBER

600-039-333

8. STANDARD INDUSTRIAL CLASSIFICATION (SIC) CODES

Primary

Secondary

Other

3811

9. SITE EMPLOYMENT ON DECEMBER 31, 1985

60

10. REGULATORY STATUS—If your company meets any of the conditions below, you are exempt from completing page 2 of the report. (Circle the appropriate number)

1. Installation Closed—No longer conducting business at this site (date closed _____ (must be prior to January 1, 1985))
2. Recycling—all wastes were recycled in a manner exempted by WAC 173-303-017.
3. All waste materials are not a solid waste as defined by WAC 173-303-016
4. Did NOT generate Dangerous Waste at this site during 1984
5. Small Quantity Generator—did not generate or accumulate a regulated quantity of dangerous waste during 1984 (complete 5a and 5b).
5a. Maximum generated in any month or batch (see instructions) was ☒ < 100 pounds ☐ 100-220 pounds ☐ 220-400 pounds.
5b. Maximum Quantity accumulated on-site prior to shipment, specify amount (in pounds) _____
6. Other (include a cover letter detailing your basis for exemption from reporting)

SEND TO:

DEPARTMENT OF ECOLOGY
HAZARDOUS WASTE SECTION
ATTN: Annual Reports R/6
Mail Stop PV-11
Olympia, WA 98504-8711

Phone Numbers for Assistance

(206) 459-6504
6308
6305

11. ☐ ONE-TIME-ONLY GENERATOR STATUS. Regulated dangerous waste was generated only one time during calendar year 1984. Refer to instructions and WAC 173-305-040 to determine if you are a one-time-only generator. If this status applies to you, you must still complete page two of this report.

DUE DATE:

Postmarked No Later Than
MARCH 1, 1986

12. CERTIFICATION

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents and that based on my inquiry of those individuals immediately responsible for obtaining the information I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment. Unless I am a small quantity generator who has been exempted by statute or regulation from the duty to make a waste management certification under Section 3002(b) of RCRA, I also certify that I have a program in place to reduce the volume and toxicity of waste generated; to the degree I have determined to be economically practicable and I have selected the method of treatment, storage, or disposal currently available to me which minimizes the present and future threat to human health and the environment.

Basil J. Casio

PRINT OR TYPE NAME

SIGNATURE

February 28, 1986

DATE SIGNED

606-016614

1985

Form 4

GENERATOR ANNUAL DANGEROUS WASTE REPORT

Form 4

1985

13 YOUR EPA/STATE ID. NUMBER WA 01230267		14 RECEIVING FACILITY (TSD) EPA/STATE ID NUMBER WA 058367152		NAME ADDRESS Northwest Enviro Service 1500 Airport Way South Seattle, WA 98134		15 TRANSPORTER EPA/STATE ID NUMBER WA 058367152		NAME ADDRESS Northwest Enviro Service 1500 Airport Way South Seattle, WA 98134		Weight Code
16 WASTE IDENTIFICATION		C. Status	D. Physical State S=Solid L=Liquid G=Sludge M=Compressed Gas	E. Chemical Nature O=Organic I=Inorganic	F. Waste Description (see instructions)	G. Dangerous Waste Number (see instructions and WAC 173-303)	H. Waste Designation DW or EHW	I. Amount of Waste	J. For TSD Facility Use Only	K. For TSD Facility Use Only
LINE	A. Manifest Document Number									
1	1004	052085		L	O	Ignitable; electronic parts cleaning; isopropyl alcohol	D 0 0 1	DW	1,386	P
2	00003	121785		L	O	Ignitable; electronic parts cleaning; isopropyl alcohol	D 0 0 1	DW	1,386	P
3	00002	121785		L	O	Spent halogenated solvent; electronic parts cleaning; 50% trichlorotrifluoroethane, 50% methylene (cont)	F 0 0 1 W P 0 1	EHW	3,273	P
4										
5										
6										
7										
8										
9										
10										
11										
12										
13										
14										
15										

17. COMMENTS (Enter information by section and/or line number—see instructions).

Section 16, Line 3, Column F: chloride (freon TMC)

606-016615

1985

Form 4

GENERATOR ANNUAL DANGEROUS WASTE REPORT

Form 4

1985

13 YOUR EPA/STATE ID. NUMBER WA D 0 1 2 3 0 2 6 6 7		14 RECEIVING FACILITY (TSD) EPA/STATE ID NUMBER O R D 0 6 1 4 8 3 3 8 4		NAME: Baron Blakeslee ADDRESS: 5920 N.E. 87th Ave. Portland, OR 97220		15 TRANSPORTER EPA/STATE ID NUMBER WA D 0 5 8 3 6 7 1 5 2		NAME: Northwest Tank Service ADDRESS: 1500 Airport Way South Seattle, WA 98134		Weight Code		
16. WASTE IDENTIFICATION		C.		D.	E.	F.		G.	H.	I.	J.	K.
A. Manifest Document Number		B. Manifest Shipment Date (MM DD YY)		S	Physical State S=Solid L=Liquid G=Sludge M=Compressed Gas	Chemical Nature O=Organic I=Inorganic	Waste Description (see instructions)	Dangerous Waste Number (see instructions and WAC 173-303)	Waste Designation DW or EHW	Amount of Waste		For TSD Facility Use Only
1	00001	052085		L	O	Spent halogenated solvent; electronic parts cleaning; 50% trichlorotrifluoroethane, 50% methylene (cont)		W P 0 1 F 0 0 1	EHW	5,236	P	
2												
3												
4												
5												
6												
7												
8												
9												
10												
11												
12												
13												
14												
15												

17. COMMENTS (Enter information by section and/or line number—see instructions).

Section 16, Line 1, Column F: chloride (freon TMC)

606-016616

9271 - 1 3/14/84 Deb, ~~RC~~ File Sunstrau
FACILITY ID NUMBER 91

206-016617

H. WASTE IDENTIFICATION				
LINE NUMBER	H-1. DESCRIPTION OF WASTE	H-2. DANGEROUS WASTE NUMBER	H-3. AMOUNT OF WASTE (ANNUAL) Estimated or Actual	H-4. UNIT OF MEASURE
1	Freon TMC	F 0 0 1	1 6 5 0 0	P
2	Isopropyl alcohol	D 0 0 1	2 2 0 0	P
3	Trichloroethane	F 0 0 1	2 4 0	P
4	Trichloroethylene	F 0 0 1	1 3 2 0	P
5				
6				
7				
8				
9				
10				
11				
12				
13				
14				
15				

COMMENTS (ENTER INFORMATION BY LINE NUMBER—SEE INSTRUCTIONS)

I. FORMS REQUEST (CHECK THE BOX OF THOSE FORM(S) REQUIRED AND INDICATE HOW MANY).

- ☐ NOTIFICATION FORM
- ☐ PART A PERMIT FORM FOR TSD FACILITIES
- ☐ GENERATOR ANNUAL DANGEROUS WASTE REPORT FORM
- ☐ TSD FACILITY ANNUAL DANGEROUS WASTE REPORT/UNMANIFESTED WASTE REPORT
- ☐ BIOLOGICAL TESTING PROCEDURES
- ☐ CHEMICAL TESTING PROCEDURES